

MAR 01 2006 10:14 AM FR BAXTER LAW DEPT-IP7 948 3078 TO 7157127328855746 P.01  
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29200 7590 12/23/2005

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Kimberly R. Bardwell

(Depositor's name)

(Signature)

March 1, 2006

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/054,487      | 01/22/2002  | Brian Lauman         | 112713-147          | 5579             |

TITLE OF INVENTION: CAPACITANCE FLUID VOLUME MEASUREMENT

| APPLN. TYPE     | SMALL ENTITY | ISSUE FEE      | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|-----------------|--------------|----------------|-----------------|------------------|------------|
| nonprovisional  | NO           | \$1400         | \$300           | \$1700           | 03/23/2006 |
| EXAMINER        | ART UNIT     | CLASS-SUBCLASS |                 |                  |            |
| FRANK, RODNEY T | 2856         | 073-30400C     |                 |                  |            |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Joseph P. Reagen

2 Bell, Boyd & Lloyd

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Baxter International Inc.  
Baxter Healthcare S.A.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Deerfield IL  
Wallisellen CH

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date March 1, 2006

Typed or printed name

Joseph P. Reagen

Registration No. 35,332

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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## TRANSMITTAL FORM

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|  |                      |                        |                      |
|--|----------------------|------------------------|----------------------|
| TRANSMITTAL<br>FORM<br><br><i>(to be used for all correspondence after initial filing)</i> | Application Number   | 10/054,487             |                      |
|  | Filing Date          | January 22, 2002       |                      |
|  | First Named Inventor | Brian Lauman           |                      |
|  | Art Unit             | 2858                   |                      |
|  | Examiner Name        | Rodney T. Frank        |                      |
| Total Number of Pages in This Submission   | 2                    | Attorney Docket Number | DI-5768 (112713-147) |

### ENCLOSURES (Check all that apply)

|  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks  |  |   |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |                               |          |        |
|--------------|-------------------------------|----------|--------|
| Firm Name    | Baxter Healthcare Corporation |          |        |
| Signature    |                               |          |        |
| Printed name | Joseph P. Reagan              |          |        |
| Date         | March 1, 2006                 | Reg. No. | 35,392 |

### CERTIFICATE OF TRANSMISSION/MAILING

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|-----------------------|----------------------|------|---------------|
| Signature             |                      |      |               |
| Typed or printed name | Kimberly R. Bardwell | Date | March 1, 2006 |

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